

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized CommitteeSECRETARY OF THE SENATE  
15 FEB -3 PM 3:36

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Chambliss for Senate

ADDRESS (number and street) ▼

Post Office Box 12469

Check if different  
than previously  
reported. (ACC)

Atlanta

GA

30355

2. FEC IDENTIFICATION NUMBER ▼

C C00266932

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
- 
- REPORT

NEW  
(N)

OR

AMENDED  
(A)

GA

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the  
State of

Y Y Y Y Y

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the  
State of

Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y  
10 / 01 / 2014D D / Y Y Y Y Y  
01 / 31 / 2014Y Y Y Y Y  
2014

through

M M / D D / Y Y Y Y Y  
12 / 31 / 2014D D / Y Y Y Y Y  
31 / 01 / 2014Y Y Y Y Y  
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Tyndall

Signature of Treasurer David Tyndall

Date

M M / D D / Y Y Y Y Y  
01 / 21 / 2015D D / Y Y Y Y Y  
21 / 01 / 2015Y Y Y Y Y  
2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
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OnlyFEC FORM 3  
(Revised 02/2003)